

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
Water Management Administration • Bureau of Mines  
160 South Water Street • Frostburg, Maryland 21532  
(301) 689-6104 • 1-800-633-6101 • <http://www.mde.state.md.us>

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**APPLICATION FOR  
BLASTER CERTIFICATION**

1. Name: \_\_\_\_\_  
Last First M.I.

2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

3. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Color of Hair: \_\_\_\_\_ 5. Color of Eyes: \_\_\_\_\_

6. Height: \_\_\_\_\_ 7. Weight: \_\_\_\_\_

8. Have you received at least one year of qualifying experience under the direction and supervision of a certified blaster in the handling and use of explosives?  
☐ YES ☐ NO

If yes, indicate the name and address of supervisor and indicate your total years of experience.

\_\_\_\_\_

\_\_\_\_\_

9. Are you presently a certified licensed blaster in another state?  
☐ YES ☐ NO

If YES, please provide the following information:

A. State in which certified: \_\_\_\_\_

B. Certification or License Number: \_\_\_\_\_

10. **I certify that the statements I have made are true and correct to the best of my knowledge.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***For Bureau Use Only:***

Training Date \_\_\_\_\_ Examination Date: \_\_\_\_\_

Exam Results: \_\_\_\_\_ Certificate Date: \_\_\_\_\_

